

Case Number:	CM14-0099955		
Date Assigned:	07/28/2014	Date of Injury:	04/19/2010
Decision Date:	08/29/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	06/30/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Illinois. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a male who was moving racks at work when the wheels locked and he fell on April 19, 2010. There are notes that state from August 2013 to the present time, the injured worker had persistent lower back pain with pain down the right leg which then extended down to both legs, diffuse lower back tenderness and limitation of back range of motion. He is treated with analgesics, including opioids with a pain contract and a home exercise program. There are no neurologic deficits. A magnetic resonance imaging on November 15, 2010 showed bony degenerative changes with slight disc space narrowing and moderate foraminal narrowing. On December 16, 2010 he had a medial branch block in several areas. On November 8, 2011 he had a lumbar spine bone scan, which was negative. On April 18, 2013 he had another lumbar spine magnetic resonance imaging with no significant interval change. There is degenerative disc disease with foraminal narrowing, right greater than left. On April 22, 2014 he had a lumbar diskogram which showed non concordant pain.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Magnetic Resonance Imaging (MRI) lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Magnetic Resonance Imaging (MRI).

Decision rationale: Per peer-reviewed and evidence-based Official Disability Guidelines, magnetic resonance imaging on the lumbar spine, the injured worker fails to meet the required criteria for an additional MRI. The injured worker has had at least 2 post-injury MRIs with no significant change and no additional inciting event; another is not indicated in this 4-year-old injury. His radiculopathy is no longer progressive and he has no neurologic deficits. He does not show any other red flag signs that would warrant additional imaging. Therefore the request is not medically necessary.